

percent of hospitalized hepatitis A was diagnosed among boys. The average stay in hospital caused by hepatitis A was 12 days. Total cost of treatment was 6 677 USD per all subjects in a year, it comes from budget of the public hospitals. Estimated 110 251 USD per year expended by Health Insurance Fund, however patients spent 109 353 USD out-of-pocket payment for hospital services in 2008. Forty four percent of the family income goes to the non-medical cost.

Conclusions: During the wide outbreak hospitalizations, ambulatory visits, and their medical and non-medical expenditures due to hepatitis A cases have been increased among all age groups in the country.

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Analysis of the Impact Factors of Hypertension Refill Prescription on Healthcare Utilization in Taiwan

Zheng-Lun Li, Zhi-Liang Yang, He-Rui Dong, Shang-Wei Xu, Yu-Jia Zhang

Asia University, Taiwan

Background and objectives: Because aging of population and change of lifestyle in Taiwan, the type of disease is transformed from acute infectious disease into a chronic disease, and ages fast of population structure. And the number of out-patient clinic has always been high since the Health Insurance starting, therefore the Bureau of National Health Insurance in order to reduce unnecessary outpatient amount, they encouraged physicians who treat chronic patients with stable condition can use chronic refill prescription.

Methods: This study data files provided by the National Health Research Institute in 2006 and its name is million sample date. With the assistance of the Bureau of National Health Insurance, the researchers linked the Ambulatory care expenditures by visits data(CD), and the Details of ambulatory care orders data(OO). The study was conducted on a nationally representative sample of 909,325 beneficiaries and local in 2006.

Results: Study found that the prescribe ratio is raise (28.78%), but the ratio of the second dispensed only the original half of the prescribe (47.33%), while the third is a lower percentage (only 23.94 %), shows the effect is poor that implementation of chronic refill prescription in Taiwan

Conclusions: The results can be seen, if you would like to enhance the effectiveness of the implementation of refill prescription, not only Physicians need to raise the ratio of the prescribe of refill prescription but also People need a good habit of medical treatment, recommendations should continue to promote knowledge of refill prescription on people.

SP-121

Development and Validation of an Instrument to Identify Patients with Knee Osteoarthritis in the Community

Pushpika N. Jayalath¹, Pushpa Fonseka²

1. Unit of Youth Elderly & Persons with disability, Sri Lanka

2. University of Sri Jayawardanapura, Sri Lanka

Introduction Osteoarthritis (OA) is the most common form of joint disease in the world. Objective To develop and validate an instrument to identify patients with knee osteoarthritis in the community Methodology An instrument was developed after selecting an appropriate definition and classification criteria to identify knee OA patients in the community. Definition and the clinical only criteria for classification of OA of the knee given by the American College Rheumatism were selected following perusal of literature and "Delphi" technique. Selection of appropriate pain and stiffness scales was achieved by the Principal Investigator (PI) and the supervisor who is a specialist in rheumatology.

Judgmental validity of the instrument was assessed by the panel of experts. Criterion validity was determined by assessing 93 patients with knee OA and 67 patients with knee pain of other origin who have attended the Rheumatology Clinic at Colombo South Teaching Hospital. Consultant Rheumatologist's diagnosis was considered as the Gold Standard. Results An instrument comprised of 22 items was developed and named as Knee Osteoarthritis Diagnosis Instrument (KODI)-Sinhala. Experts who participated in the opinion survey proved the judgmental validity. Criterion validity was assessed by calculating the sensitivity (90.3%) and specificity (88%) of the KODI-Sinhala by comparing the final diagnosis made by the Consultant Rheumatologist with that of the PI. High reliability of the instrument was confirmed by high test re-test reliability (kappa statistic = 0.96, 0.97). Conclusion: KODI-Sinhala was found to be a valid and a reliable instrument.

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Do Non-Communicable Diseases Cluster in Suburban Settings in Sri Lanka?

Shreenika Weliange¹, Arosha Wijewickrama¹, Leeda Fernando², Wasantha Gunathunga¹, Carukshi Arambepola¹

1. University of Colombo, Sri Lanka

2. MOH Office, Pitakotte, Sri Lanka

Background: Non communicable diseases (NCDs) are on the rise in Sri Lanka owing to the demographic transition and change in lifestyle and environment related to recent urbanisation. They tend to occur early and follow a severe course.

Methodology: A cross sectional study was carried out in Pitakotte health area, which is a suburban setting located in the district of Colombo. A total of 100 households were surveyed using a cluster sampling method. Household and individual information on common NCDs ever diagnosed by a medical person was collected by public health midwives using an interviewer-administered questionnaire.